POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		32	4/5
O.I.P.E. CLASSIFIER		1019	05-29.01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	Rm	781	07.24.01

INDEX OF CLAIMS

✔	Rejected	N		Non-elected
=	Allowed	I		Interference
−	(Through numeral)... Canceled	A		Appeal
÷	Restricted	O		Objected

BEST AVAILABLE COPY

Claim		Date							
Final	Original								
	1	✓	✓	✓					
	2	✓	✓	✓					
	3	✓	✓	✓					
	4	✓	✓	✓					
	5	✓	✓	✓					
	6	✓	✓	✓					
	7	✓	✓	✓					
	8	✓	✓	✓					
	9	✓	✓	✓					
	10	✓	✓	✓					
	11	✓	✓	✓					
	12	✓	✓	✓					
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	50	✓	✓						

Claim		Date							
Final	Original								
	51	✓	✓						
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Claim		Date							
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If more than 150 claims or 10 actions
staple additional sheet here

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